

**Commonwealth of Virginia  
Retiree Health Benefits Program**

***Medco Medicare Prescription Plan® (PDP) for the  
Commonwealth of Virginia Retiree Health Benefits Program  
Annual Notice of Changes for 2010***

This booklet tells you how your benefits and costs as a member of **Medco Medicare Prescription Plan (PDP)** for the Commonwealth of Virginia Retiree Health Benefits Program will change next year from your current benefits. The changes take effect on January 1, 2010.

To decide what's best for you, compare this information with the benefits and costs of other Medicare prescription drug plans in your area, as well as the benefits and costs of Medicare Advantage Plans. If you leave this plan, you may not return in the future. If you enroll in other Medicare prescription drug coverage, your coverage in this plan will be cancelled.

***Medco Medicare Prescription Plan (PDP) Customer Service:***

For help or information, please call Customer Service or go to our plan website at **www.medco.com**. Calls to these numbers are free: **1-800-572-4098**; TTY/TDD users call: **1-800-716-3231**

**Hours of Operation:**

Our business hours are 24 hours a day, 7 days a week (except Thanksgiving and Christmas). Customer Service is available in English and other languages.

This plan is offered by Medco Containment Insurance Company of New York and Medco Containment Life Insurance Company, referred to throughout the Annual Notice of Changes as “we,” “us,” or “our.” **Medco Medicare Prescription Plan (PDP)** for the Commonwealth of Virginia Retiree Health Benefits Program is referred to as “Plan” or “our Plan.”

**Medco Medicare Prescription Plan® (PDP)** is a Medicare-approved Part D sponsor that is offered nationally in 35 Medicare regions, including the District of Columbia and Puerto Rico. This prescription drug plan is underwritten by Medco Containment Insurance Company of New York, an insurance company licensed in New York, and Medco Containment Life Insurance Company, an insurance company licensed or authorized to do business in the states that comprise the other 34 Medicare regions.

This information may be available in a different format, including Spanish and braille. Please call Customer Service at the numbers listed above if you need plan information in another format or language.

Esta información puede estar disponible en otros idiomas u otros formatos, incluyendo una versión en español y una versión en braille. Póngase en contacto con el departamento de Atención al cliente marcando los números que se indican arriba, si necesita recibir la información del plan en otro formato u otro idioma.

**If you remain enrolled in *Medco Medicare Prescription Plan (PDP)* for the Commonwealth of Virginia Retiree Health Benefits Program for 2010, there will be some changes to your benefits and what you pay.**

You are currently enrolled as a member of **Medco Medicare Prescription Plan (PDP)** for the Commonwealth of Virginia Retiree Health Benefits Program. (There are other **Medco Medicare Prescription Plans** not associated with the state program.) We are pleased to be providing your Medicare prescription drug coverage.

We're sending you this Annual Notice of Changes to tell you how your benefits and costs as a member of this **Medco Medicare Prescription Plan (PDP)** will change next year from your current benefits. The changes take effect on January 1, 2010. Medicare has approved these changes.

**What should you do?**

We want you to know what's ahead for next year, so **please read this document very soon to see how the changes in benefits and costs will affect you if you stay enrolled in this *Medco Medicare Prescription Plan (PDP)* for 2010.**

To decide what's best for you, compare this information with the benefits and costs of other Medicare prescription drug plans in your area, as well as the benefits and costs of Medicare Advantage Plans.

You can find information about other (non-state-program) plans available in your area by visiting the Medicare website (<http://www.medicare.gov>). The Medicare website includes information about other plans' benefits and costs, as well as information about how Medicare rates the plans in different categories (for example, detecting and preventing illness, ratings from patients, and customer service). If you have access to the Web, you may use the Web tools on <http://www.medicare.gov> by selecting either "Compare Health Plans and Medigap Policies in Your Area" or "Compare Medicare Prescription Drug Plans." You can also call us directly at **1-800-572-4098** to obtain a copy of the plan ratings for this Plan. TTY/TDD users call **1-800-716-3231**.

We hope to keep you as a member of this **Medco Medicare Prescription Plan (PDP)**. But if you want to make a change for 2010, see **When can you change?** in **Section 4** for time periods when you can make a change.

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## **Section 1. Important things to know**

### **This Annual Notice of Changes is only a summary (See your Evidence of Coverage for the details.)**

This Annual Notice of Changes gives you a summary of the changes in your benefits and what you will pay in 2010.

- To get the details, you can look in the 2010 Evidence of Coverage for **Medco Medicare Prescription Plan** (PDP) for the Commonwealth of Virginia Retiree Health Benefits Program. The Evidence of Coverage is the legal, detailed description of your benefits and costs for 2010. It explains your rights and the rules you need to follow to get your prescription drugs. (We have included a copy of your 2010 Evidence of Coverage in the same envelope with this Annual Notice of Changes. If you do not have this copy, call Customer Service.)
- If you have questions or need more information, you can always call Customer Service at **1-800-572-4098**. TTY/TDD only, call **1-800-716-3231**. Our business hours are 24 hours a day, 7 days a week (except Thanksgiving and Christmas), and calls to these numbers are free. Customer Service is available in English and other languages.

### **There are programs to help people with limited resources pay for their prescription drugs**

You might qualify to get help in paying for your drugs. There are two basic kinds of help:

- **“Extra Help” from Medicare.** This program is also called the “low-income subsidy,” or LIS. People whose yearly income and resources are below certain limits can qualify for this help. See Section III of the new “Medicare & You 2010” handbook or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY/TDD users should call 1-877-486-2048. You can call these numbers toll free, 24 hours a day, 7 days a week.
- **Help from your state’s pharmaceutical assistance program.** Many states have State Pharmaceutical Assistance Programs (SPAPs) that help some people pay for prescription drugs based on financial need, age, or medical condition. Each state has different rules. Check with your State Health Insurance Assistance Program (the name and phone numbers for this organization are in **Chapter 2, Section 3** of your Evidence of Coverage).
- Your annual rate notification from the Commonwealth of Virginia Retiree Health Benefits Program also includes information about the impact of “Extra Help” on your state program coverage.

### **What if you are currently getting help to pay for your drugs?**

If you already get help paying for your drugs, **some of the information in this Annual Notice of Changes is not correct for you.** If this applies to you, we have included a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (LIS

Rider), that tells you about your drug coverage. If you don't have this insert and are receiving extra help, please call Customer Service and ask for the "Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs" (LIS Rider). Phone numbers for Customer Service are on the front cover.

## **Section 2. Changes to your monthly premium**

Your prescription drug plan premium will continue to be billed or deducted by the Commonwealth of Virginia Retiree Health Benefits Program as part of your total health benefits premium. The Commonwealth of Virginia will be sending you a letter including your 2010 premium by November. If you have any questions about your Plan premium, please contact your Commonwealth of Virginia Benefits Administrator.

## **Section 3. Part D prescription drugs: Changes to your benefits and what you pay**

### **Changes to your benefits**

**Medco Medicare Prescription Plan (PDP)** has a formulary, which is a list of covered drugs – or "Drug List" for short. It tells which Part D prescription drugs are covered by the Plan. (**Chapter 3, Section 1.1** of your Evidence of Coverage explains about Part D drugs.)

We may make changes to the plan's Drug List from time to time throughout the year. In addition, there are a number of changes to the Drug List that will take effect on January 1, 2010. Changes to the plan's Drug List have been approved by Medicare.

- **We have added some new drugs to the list and removed others.**
- We have added some new drugs that became available.
- We have replaced some brand-name drugs with new generic drugs.
- We have replaced some expensive drugs with less costly drugs that have been shown to work just as well or better.
- We have removed a few drugs due to safety concerns or because medical research has shown they are not effective.
- **We have added some new restrictions to certain drugs and reduced the restrictions on others.** Restrictions can include a requirement to get plan approval in advance or to try a different drug first to see how well it works. Restrictions can also include limits on the quantity of the drug.

**Please check to see if any of these changes to drug coverage affect the drugs you currently use.**

- You can look for your drugs on the Drug List we sent with this Annual Notice of Changes. If you can't find some of your drugs on this Drug List, you can call Customer Service for help finding your drugs.

## Changes to what you pay

The chart on the following pages summarizes what you will pay as your share of the cost of covered prescription drugs in 2010. Any changes affect Part D prescription drugs on your Drug List only.

- Every drug on the plan's Drug List is in one of our four cost-sharing tiers. Medicare allows us to **change what you pay for a drug in each cost-sharing tier** only once a year, to be effective on January 1. There are no changes to your co-payment or coinsurance levels in the four cost-sharing tiers for 2010 under this plan. **However, your annual deductible will increase to \$310 for covered brand-name drugs.** (There is no deductible for generic drugs.)
- Be sure to check the tier status of your current drugs so that you can take any necessary action to address changes that will occur on January 1.

	2009 (this year)	2010 (next year)
<b>Drugs in Cost-Sharing Tier 1</b>		
<u>Generic Drugs</u>		
For each one-month (up to 34-day) supply of a covered drug in Cost-Sharing Tier 1 that is filled at a network pharmacy	You pay \$7.00 per prescription.	No Change for 2010
For a three-month (90-day) supply of a covered drug in Cost-Sharing Tier 1 that is filled at a network pharmacy	You pay \$21.00 per prescription.	No Change for 2010
For a three-month (90-day) supply of a covered drug in Cost-Sharing Tier 1 that is filled at the plan's mail-order service	You pay \$7.00 per prescription.	No Change for 2010

	2009 (this year)	2010 (next year)
<b>Drugs in Cost-Sharing Tier 2</b>		
<u>Preferred Brand-Name Drugs</u>		
For each one-month (up to 34-day) supply of a covered drug in Cost-Sharing Tier 2 that is filled at a network pharmacy	You pay \$25.00 per prescription.	No Change for 2010
For a three-month (90-day) supply of a covered drug in Cost-Sharing Tier 2 that is filled at a network pharmacy	You pay \$75.00 per prescription.	No Change for 2010
For a three-month (90-day) supply of a covered drug in Cost-Sharing Tier 2 that is filled at the plan's mail-order service	You pay \$50.00 per prescription.	No Change for 2010

	2009 (this year)	2010 (next year)
<b>Drugs in Cost-Sharing Tier 3</b>		
<u>Non-Preferred Brand-Name Drugs</u>		
For each one-month (up to 34-day) supply of a covered drug in Cost-Sharing Tier 3 that is filled at a network pharmacy	You pay 75% of the total cost.	No Change for 2010
For a three-month (90-day) supply of a covered drug in Cost-Sharing Tier 3 that is filled at a network pharmacy	You pay 75% of the total cost.	No Change for 2010
For a three-month (90-day) supply of a covered drug in Cost-Sharing Tier 3 that is filled at the plan's mail-order service	You pay 75% of the total cost.	No Change for 2010



	2009 (this year)	2010 (next year)
<b>Drugs in Cost-Sharing Tier 5</b>		
<u>Specialty Drugs</u>		
For each one-month (up to 34-day) supply of a covered drug in Cost-Sharing Tier 5 that is filled at a network pharmacy	You pay 25% of the total cost.	No Change for 2010
For a three-month (90-day) supply of a covered drug in Cost-Sharing Tier 5 that is filled at a network pharmacy	You pay 25% of the total cost.	No Change for 2010
For a three-month (90-day) supply of a covered drug in Cost-Sharing Tier 5 that is filled at the plan's mail-order service	You pay 25% of the total cost.	No Change for 2010

## What if changes for 2010 affect drugs you are taking now?

What if a drug you are taking now is not on the Drug List for 2010?

What if it has been moved to a higher cost-sharing tier?

What if a new restriction has been added to the coverage for this drug?

If you are in any of these situations, here's what you can do:

- In some situations, the Plan will cover a **one-time, temporary supply** of your drug when your current supply runs out. This temporary supply will be for a maximum of 34 days, or less if your prescription is written for fewer days. **Chapter 3, Section 5.2** of your Evidence of Coverage explains when you can get a temporary supply and how to ask for one.

Meanwhile, you and your doctor will need to decide what to do before your temporary supply of the drug runs out or if you are not eligible for a temporary supply.

- **Perhaps you can find a different drug** covered by the Plan, covered at a lower cost-sharing tier or without restrictions, that might work just as well for you. You can call Customer Service to ask for a list of covered drugs that treat the same medical condition. This list can help your doctor or other prescriber to find a covered drug that might work for you.

## **Section 4. Do you want to stay in this Plan or make a change?**

### **Do you want to stay with *Medco Medicare Prescription Plan (PDP)* for the Commonwealth of Virginia Retiree Health Benefits Program?**

If you want to keep your membership in this **Medco Medicare Prescription Plan (PDP)** for 2010, it's easy. You don't need to tell us or fill out any paperwork. **You will automatically remain enrolled in this plan if you continue to be eligible for the Commonwealth of Virginia Retiree Health Benefits Program.**

### **Do you want to make a change?**

If you decide to leave this **Medco Medicare Prescription Plan (PDP)**, you can switch to a different Medicare prescription drug plan, Original Medicare without a separate Medicare prescription drug plan, or a Medicare Advantage Plan. Please be sure you understand the implications of disenrollment for your other plan benefits. Your Evidence of Coverage and annual rate notification materials from the Commonwealth of Virginia include additional information. If you have any questions regarding your coverage or on how to make a change, please contact **Medco Medicare Prescription Plan (PDP)** Customer Service at the numbers listed on the cover of this booklet and your Commonwealth of Virginia Benefits Administrator.

### **When can you change?**

- During the **yearly enrollment period (called the “Annual Coordinated Election Period”) from November 15 through December 31, 2009**, you can change to another Medicare prescription drug plan, Original Medicare without a separate Medicare prescription drug plan, or a Medicare Advantage Plan.
- However, as a member of the Commonwealth of Virginia Retiree Health Benefits Program's Medicare Part D plan (this plan), which is an Employer Group Waiver Plan, you have more flexibility in making plan changes, including access to a special election period. To get more details on this, please refer to your Evidence of Coverage, **Chapter 8**.

### **Are these the only times of the year to choose a different plan?**

For most people, yes. Certain individuals, such as those with Medicaid, those who get Extra Help paying for their drugs, those who move out of their plan's geographic service area, and those leaving an Employer Group Waiver Plan, can make changes at other times. For more information, see **Chapter 8, Section 2.3** of the Evidence of Coverage.

### **How do you make a change?**

See **Chapter 8** of the enclosed Evidence of Coverage document. It tells what you need to do to make a change from **Medco Medicare Prescription Plan (PDP)** to another plan. Your Commonwealth of Virginia Benefits Administrator can also assist you in making changes to your state program coverage.

## Things to check on before you make a change

- **Are you a member of an employer or retiree group other than the Commonwealth of Virginia Retiree Health Benefits Program?** If you are, please check with the benefits administrator of your employer or retiree group before you switch to another way of getting your coverage as the change may impact your medical coverage as well.
- **Are you getting help with paying for your drugs from a State Pharmaceutical Assistance Program (SPAP)?** If you are, please check with this program before switching to another prescription drug plan. The phone number for your State Pharmaceutical Assistance Program is listed in **Chapter 2, Section 7** of the Evidence of Coverage.
- Your Commonwealth of Virginia annual rate notification materials include information regarding changes that affect eligibility under its health benefits program.

## Section 5. Do you need some help? Would you like more information?

### We have information and answers for you

To learn more, read the information we sent in the same package with this Annual Notice of Changes and your Commonwealth of Virginia rate notification materials, which you will receive by November. This Annual Notice of Changes package includes a copy of the Evidence of Coverage and of the List of Covered Drugs (Formulary).

If you have any questions, we are here to help. Please call us at this **Medco Medicare Prescription Plan (PDP) Customer Service**. We are available for phone calls 24 hours a day, 7 days a week (except Thanksgiving and Christmas). Customer Service is available in English and other languages. Calls to these numbers are free: **1-800-572-4098**. TTY/TDD only, call **1-800-716-3231**.

### You can get help and information from your State Health Insurance Assistance Program

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. A SHIP is independent (not connected with any insurance company or health plan). SHIP counselors can help you with your Medicare questions or problems. They can help you understand your other Medicare plan choices and answer questions about switching plans. You can call the SHIP in your state at the numbers found in the enclosed listing of SHIP contacts in **Chapter 2, Section 3** of the Evidence of Coverage.

### You can get help and information from Medicare

Here are three ways to get information directly from Medicare:

- **Call 1-800-MEDICARE (1-800-633-4227)** 24 hours a day, 7 days a week. TTY/TDD users should call 1-877-486-2048.
- **Visit the Medicare website** ([www.medicare.gov](http://www.medicare.gov)).

- **Read “Medicare & You 2010” handbook.** Every year in October, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don’t have a copy of this booklet, you can get it at the Medicare website ([www.medicare.gov](http://www.medicare.gov)) or by calling 1-800-MEDICARE (1-800-633-4227).

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